

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101579484

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	1 <sup>ST</sup> AMENDMENT	2 <sup>ND</sup> AMENDMENT	IND.	DEP.		1 <sup>ST</sup> AMENDMENT	2 <sup>ND</sup> AMENDMENT	IND.	DEP.
1	/				51	/			
2					52				
3	/				53				
4	/				54				
5					55				
6					56				
7					57				
8					58				
9					59				
10					60				
11					61				
12					62				
13					63				
14					64				
15					65				
16					66	/			
17					67	/			
18					68				
19					69		1		
20					70		2		
21					71		4		
22					72				
23					73				
24					74				
25					75				
26					76				
27					77				
28					78				
29					79				
30					80				
31					81				
32					82				
33					83				
34					84				
35					85				
36					86				
37					87				
38					88				
39					89				
40	/				90				
41	/				91				
42	/				92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.					TOTAL IND.				
TOTAL DEP.					TOTAL DEP.				
TOTAL CLAIMS					TOTAL				

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FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

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**CLAIMS**

CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101								51					
102								52					
103								53					
104								54					
105								55					
106								56					
107								57					
108								58					
109								59					
110								60					
111								61					
112								62					
113								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4							TOTAL IND.					
TOTAL DEP.	17							TOTAL DEP.					
TOTAL CLAIMS	21							TOTAL					